

No. C 46128		Due no later than Sep 30, 2018 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. IDAHO ELKS REHABILITATION HOSPITAL, INC. KEITH MILLS P.O. BOX 1100 BOISE ID 83701 USA		JOHN J BURKE 251 E FRONT ST STE 300 BOISE ID 83702			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	BOB SHAW	3345 BRISTOL AVE.	COEUR D'ALENE	ID	USA	83815	
DIRECTOR	KEVIN POOR	750 BEULAHS LANE	IDAHO FALLS	ID	USA	83401	
SECRETARY	J. CURTIS NEELY	3503 - 5TH ST.	LEWISTON	ID	USA	83501	
DIRECTOR	JOHN V. EVANS, III	139 EAST WAY	BOISE	ID	USA	83702	
DIRECTOR	CHUCK ROBERTS	612 E SPRUCE ST.	CALDWELL	ID	USA	83605	
5. Organized Under the Laws of: ID C 46128		6. Annual Report must be signed.* Signature: John J. Burke Name (type or print): John J. Burke					
		Date: 09/11/2018 Title: Registered Agent					
Processed 09/11/2018		* Electronically provided signatures are accepted as original signatures.					